

**ST. JOSEPH COUNTY, INDIANA**  
DEPARTMENT OF PUBLIC WORKS  
COUNTY-CITY BUILDING, ROOM 732  
227 WEST JEFFERSON BOULEVARD  
SOUTH BEND, INDIANA 46601  
PHONE: 574-235-9626 FAX: 574-235-5057

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*03/18/2008 Posting Date*

## Request for Proposals Notification

**Project Location:** *St. Joseph County, Indiana- Phase I and Phase II Bridge Inventory & Inspection Program*

**Response Due Date and Time:** *04/01/2008 and no later than 9:45 am (E.S.T.)*

This Request for Proposals (RFP) is official notification of needed professional services. This RFP is being issued to solicit a Letter of Interest (LoI) and other documents from firms qualified to perform engineering work on federal aid projects. A submittal does not guarantee the firm will be contracted to perform any services but only serves notice the firm desires to be considered.

**Contact for Questions:** *Jessica J. Clark, P.E.*  
*St. Joseph County Engineer*  
*Phone: 574-235-9626; Fax: 574-235-5057*  
*e-mail: [jclark@co.st-joseph.in.us](mailto:jclark@co.st-joseph.in.us)*

### Submittal requirements:

1. Letter of Interest (required content and instructions follow) Please send six (6) copies.
2. One (1) signed Affirmative Action Certification and associated required documents for all items with Disadvantaged Business Enterprise (DBE) goals (sample form attached at end of RFP).

**Submit Responses To:** *St. Joseph County Board of Commissioners*  
*County-City Building, Room 722*  
*227 West Jefferson Boulevard*  
*South Bend, Indiana 46601*

### Selection Procedures:

Consultants will be selected for work items further described herein, based on the evaluation of the Letter of Interest (LoI) and other required documents. The Consultant Selection Rating Form that will be used to evaluate and score the received submittals is included for your reference at the end of this RFP.

The selected lead consultant must be pre-qualified by the Indiana Department of Transportation (INDOT). The assigned Program Manager and inspection team must meet the personnel qualifications outlined in the Federal Register for National Bridge Inspection.

## **Requirements for Letters of Interest (LoI)**

### **A. General instructions for Preparing and Submitting a Letter of Interest (LoI)**

1. Provide the information as set out in Item B below, in the same order listed, signed by an officer of the firm. Scanned signed documents or electronically applied signatures are both acceptable. Do not send additional forms, resumes, brochures, or other material unless otherwise noted in the item description.
2. LoI's shall be limited to a total of twelve (12) 8 1/2" x 11" pages. The first ten (10) pages will include information pertaining to Identification and Qualifications of the firm. Unless otherwise noted in the description, the last two (2) pages of the LoI will include information pertaining to Key staffing and Project Approach.
3. LoI's must be received on or before Tuesday, March 18, 2008 by 9:45 am (E.S.T.) to be considered as shown in the "Response Due Date and Time" RFP header shown above. Any responses received after the deadline will not be eligible for consideration. Submittals must include all required attachments to be considered for selection.

### **B. Letter of Interest Content**

1. Identification and Qualifications (10 Page Maximum)
  - a. Provide the firm name, address of the responsible office from which the work will be performed, current overhead rate as approved by INDOT, and the name and email address of the contact person authorized to negotiate for the associated work.
  - b. List all proposed sub consultants, their DBE status, and the percentage of work to be performed by the lead consultant and each sub consultant (sample Affirmative Action Certification attached at end of RFP). For a current listing of eligible INDOT certified DBE firms, log on to the INDOT website at: [http://www.in.gov/dot/div/legal/DBE/dbe\\_list.xls](http://www.in.gov/dot/div/legal/DBE/dbe_list.xls)
  - c. Provide staff resumes, relevant work experience, expertise, and such additional information concerning qualifications directly applicable to the associated work.

## 2. Key staffing and Project approach (2 Page Maximum)

- a. Identify the Program Manager and other key staff members, including key sub consultant or partnership staff, responsible for the work. For each key staff member to be assigned, include the percent of time each individual will commit to the proposed contract. Include any relevant experience on similar projects of key staff members and how it relates to the work anticipated for this project.
- b. Discuss the capacity of your staff and their ability to perform the work in a timely manner relative to present workload and the availability of the assigned staff.
- c. Describe your firm's Project Approach relative to the advertised services and anticipated work elements. Demonstrate your firm's technical understanding of the project and services required as related to past experience on similar projects and your firm's qualifications.

### **Requirements for Affirmative Action Certification**

A completed Affirmative Action Certification form is required for all items that identify a DBE goal greater than "0", in order to be considered for selection. The consultant must identify the DBE firms with which it intends to subcontract, include the contract participation percentage of each DBE and list what the DBE will be subcontracted to perform on the Affirmative Action Certification Form.

**Copies of DBE certifications, as issued by INDOT, are to be included as additional pages after the form for each firm listed.**

If the consultant does not meet the DBE goal, the consultant must provide documentations on additional pages that evidences it made good faith efforts to achieve the DBE goal. Please review the DBE program based on any goals set and complete the DBE Affirmative Action Certification form as applicable. What constitutes good faith efforts is explained in detail within the DBE program information referred to above. If no goal is set then no Affirmative Action Certification form is required. Indiana Department of Transportation's (INDOT) DBE Program Information is available at the Indiana Department of Transportation's website.

A listing of certified DBE's eligible to be considered for selection as prime consultants or sub-consultants for this RFP can be found at the Indiana Department of Transportation's (INDOT) website. ([http://www.in.gov/dot/div/legal/DBE/dbe\\_list.xls](http://www.in.gov/dot/div/legal/DBE/dbe_list.xls))

**DBE subcontracting goals apply to all prime submitting consultants, regardless of the prime's status of DBE.**

## Work item details:

[Local Public Agency Name] *St. Joseph County, Indiana, by and through its Board of Commissioners*

Project Location: *St. Joseph County, Indiana*

INDOT District covering project: *La Porte District*

INDOT Des#: (if known) 0800210

Project Phases Included: *Phases I and II Bridge Inspection and Two-year interim re-inspection*

Project Description: *Inspection and re-inspection of all county bridges over twenty (20) feet in length (approximately 92) within St. Joseph County. Inspections include routine, special, and underwater (thirteen (13) underwater inspections during Phase I for bridges No. 12, 203, 204, 205, 206, 207, 208, 209, 212, 214, 215, 216, and 220; six (6) underwater inspections during Phase II for bridges No. 201, 210, 211, 213, 217, and 219).*

Estimated Construction Amount: \$330,000

Funding: Federal Funding involved with local match (80/20)

Term of Contract: *Phase I- Summer 2008 to Fall 2009  
Phase II- Summer 2010 to Fall 2011  
All field inspections for Phase I shall be completed by 8/1/2008*

DBE goal: 0 %

Prequalification Requirements:

### Work Group 14- BRIDGE INSPECTION

- 14.1 Regular Bridge Inspection
- 14.2 Complex Bridge Inspection
- 14.3 Underwater/In-water Bridge Inspection
- 14.5 Bridge Load Capacity Rating and Other Bridge Analysis/Testing

Federal Register/Vol. 69, No. 239, Section 650.309- Qualifications of Personnel for National Bridge Inspection

# LPA Consultant Selection Rating Sheet

Selection Rating for RFP No.

Des#

Consultant Name:

Services Description:

| Evaluation Criteria to be Rated by Scorers |  |       |       |        |                |
|--|--|-------|-------|--------|----------------|
| Category                                   | Scoring Criteria   | Scale | Score | Weight | Weighted Score |
| Past Performance                           | Performance evaluation score averages from historical performance data   |       |       |        |                |
|  | Quality score for similar work from performance database   |       |       | 12     |                |
|  | Schedule score from performance database   |       |       | 7      |                |
|  | Responsiveness score from performance database   |       |       | 7      |                |
| Project Manager                            | Predicted ability to manage the project, based on: experience in size, complexity, type, subconsultants and documentation skills |       |       | 10     |                |
|  | Demonstrated outstanding experience in similar type and complexity   | 2     |       |        |                |
|  | Demonstrated high level of experience in similar type and complexity   | 1     |       |        |                |
|  | Experience in similar type and complexity shown in resume  | 0     |       |        |                |
|  | Experience in different type and lower complexity  | -1    |       |        |                |
|  | Insufficient Experience  | -3    |       |        |                |
| Approach to Project                        | Project understanding and innovation that gives cost and/or time savings.  |       |       | 15     |                |
|  | High level of understanding and viable innovative ideas proposed   | 2     |       |        |                |
|  | High level of understanding of the project   | 1     |       |        |                |
|  | Basic understanding of the project   | 0     |       |        |                |
|  | Lack of project understanding  | -3    |       |        |                |
| Capacity of Team to do Work                | Evaluation of team's personnel and equipment to perform the project on time  |       |       | 20     |                |
|  | Availability of more than adequate capacity that results in added value  | 1     |       |        |                |
|  | Adequate capacity to meet schedule   | 0     |       |        |                |
|  | Insufficient capacity to meet the schedule   | -1    |       |        |                |
| Team's Demonstrated Qualifications         | Technical Expertise: Unique resources & equipment that yield a relevant added value or efficiency to the deliverable             |       |       | 15     |                |
|  | Demonstrated outstanding expertise and resources identified for req'd services for value added benefit                           | 2     |       |        |                |
|  | Demonstrated high level of expertise and resources identified for req'd services for value added benefit                         | 1     |       |        |                |
|  | Expertise and resources at appropriate level   | 0     |       |        |                |
|  | Insufficient expertise and/or resources  | -3    |       |        |                |
| Location                                   | Location of assigned staff office relative to project  |       |       | 5      |                |
|  | Within 50 Miles  | 1     |       |        |                |
|  | 51-150 miles   | 0     |       |        |                |
|  | 151-500 miles  | -1    |       |        |                |
|  | Greater than 500 miles   | -2    |       |        |                |
| Weighted Sub-Total:                        |  |       |       |        |                |

The scores assigned above represent my best judgement of the consultant's abilities for the rating categories.

Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Request for Proposals No. \_\_\_\_\_  
Item No. \_\_\_\_\_

**AFFIRMATIVE ACTION CERTIFICATION**

I do hereby certify that it is the intention of my company to affirmatively seek out and consider DBEs certified in the State of Indiana, to participate as part of this proposal. (For listing of DBE certified firms, see [www.in.gov/dot/div/legal/DBE/dbe\\_list.xls](http://www.in.gov/dot/div/legal/DBE/dbe_list.xls).)

I understand and agree that all subconsulting in connection with this proposal, whether undertaken prior to or subsequent to the notice to proceed, shall be in accordance with the requirements for the Disadvantaged Business Enterprise Program, included elsewhere in this RFP. I understand and agree that no subcontracting shall be approved or commenced until the Department of Transportation has reviewed and approved the affirmative actions taken by my company or me.

I understand that utilization of certified DBEs is in addition to all other equal employment requirements of this RFP.

I acknowledge that this certification is to be made an integral part of this proposal.

I understand and agree that the submission of a blank certification may cause the proposal to be rejected.

I hereby certify that contact has been made with the certified DBEs listed in this certification, and that, if my company becomes the CONSULTANT, the certified DBEs have tentatively agreed to perform the services listed below.

I understand that neither my company nor I will be penalized for amounts achieved over or under the amount shown for **voluntary** DBE utilization that exceeds the goal.

After contract award, any change to the firms listed in this Affirmative Action Certification under race/gender conscious must have prior approval by INDOT's Economic Opportunity Section, Central Office.

**SUBCONSULTANTS**

**DBE SUBCONSULTANTS TO BE APPLIED TOWARD GOAL (RACE/GENDER CONSCIOUS)**

| <u>Certified DBE Name &amp; Address</u> | <u>Service Planned</u> | <u>Planned percentage to be paid to DBE</u> |
|---|------------------------|---|
|---|------------------------|---|

**DBE SUBCONSULTANTS TO BE USED BEYOND GOAL (RACE/GENDER CONSCIOUS)**

| <u>Certified DBE Name &amp; Address</u> | <u>Service Planned</u> | <u>Planned percentage to be paid to DBE</u> |
|---|------------------------|---|
|---|------------------------|---|

Total Percentage Credited toward DBE Goal (Race/Gender Conscious): \_\_\_\_\_

Total Percentage of Voluntary DBE Work Anticipated over DBE Goal (Race/Gender Neutral): \_\_\_\_\_

Name of Company: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_